Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MISSOURI	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	 Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Ogreita First name D Middle name Jones Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4592	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)
	doing business as names	Busiless Halle(s)	Dusiness Hattle(s)
		EIN	EIN
5.	Where you live	12006 Baresford Drive Florissant, MO 63033	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Saint Louis	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy							
••	Bankruptcy Code you are			go to the top of page 1 and			0. 3 0 12 (b) 101 marvia	adio i iiiig for Bariitaptoy	
	choosing to file under	☐ Chapter 7							
		☐ Cha	pter 11						
		☐ Cha	pter 12						
		■ Cha	pter 13						
8.	How you will pay the fee	— а о	bout how yo	u may pay. Typically, if you attorney is submitting your	are paying	the fee yourself,	you may pay with cash	r local court for more details n, cashier's check, or money n a credit card or check with	
			need to pay	the fee in installments. If e in Installments (Official Fo		e this option, sign	and attach the Applica	ation for Individuals to Pay	
☐ I request that my fee be waived (You may request this option only if you are filing for but is not required to, waive your fee, and may do so only if your income is less than 19 applies to your family size and you are unable to pay the fee in installments). If you che the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file is				me is less than 150% oments). If you choose	of the official poverty line that this option, you must fill out				
		u	іе Арріісанс	in to nave the Chapter 7 Fill	ing ree wa	iivea (Oniciai Fon	ii 1036) and lile it with	your pennon.	
9.	Have you filed for bankruptcy within the last 8 years?	□ No. ■ Yes.							
			District	Eastern District of Missouri	When	4/14/15	Case number	15-42745	
			District	Eastern District of Missouri	When	6/23/14	Case number	14-45053	
			District	See Attachment	When		Case number		
10.	Are any bankruptcy	■ No							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor				Relationship to y	/ou	
			District		When		Case number, if		
			Debtor				Relationship to y		
			District		When		Case number, if	known	
11.	Do you rent your residence?	■ No.	Go to li	ine 12.					
	residence:	☐ Yes.	Has yo	ur landlord obtained an evic	tion judgm	ent against you?			
				No. Go to line 12.					
				Yes. Fill out <i>Initial Stateme</i> this bankruptcy petition.	nt About ar	n Eviction Judgme	ent Against You (Form	101A) and file it as part of	

Case number (if known)

Debtor 1 Ogreita D Jones

Deb	otor 1 Ogreita D Jones			Case number (if known)
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of bus	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Stat	te & ZIP Code
	it to this petition.		Check the appropriate bo	x to describe your business:
			☐ Health Care Busing	ness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as d)	efined in 11 U.S.C. § 101(53A))
			☐ Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
			☐ None of the above	e
Chapter 11 of the proceed under Subchapter V so that it can se you are choosing to proceed under Subchapter				court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of small	■ No.	I am not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.		11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.		11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	Have Any	Hazardous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.		
	alleged to pose a threat	☐ Yes.		
	of imminent and identifiable hazard to public health or safety?		What is the hazard?	
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
				Number, Street, City, State & Zip Code

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Dec	tor 1 Ogreita D Jones			Case num	ider (if known)			
Par	6: Answer These Quest	ions for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.	individual primarily for a p	consumer debts? Consumer debts are deersonal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consumer debts or busir	ness debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chap	oter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	☐ Yes.		7. Do you estimate that after any exempt prayarilable to distribute to unsecured credito	operty is excluded and administrative expenses rs?			
	administrative expenses		□ No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 4 40		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	■ 1-49 □ 50-99		☐ 1,000-5,000 ☐ 5001-10,000	☐ 50,001-30,000 ☐ 50,001-100,000			
		☐ 100-19	99	□ 10,001-25,000	☐ More than100,000			
		□ 200-99						
19.	How much do you	\$0 - \$	50.000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion			
20.	How much do you	□ \$0 - \$ <u>\$</u>	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?	\$50,0	01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000	\$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Par	7: Sign Below							
For	you	I have ex	amined this petition, and I	declare under penalty of perjury that the inf	ormation provided is true and correct.			
				er 7, I am aware that I may proceed, if eligible relief available under each chapter, and I	ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		bankrupto and 3571	cy case can result in fines u	ent, concealing property, or obtaining mone up to \$250,000, or imprisonment for up to 2	y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			ita D Jones	Cianatura of Dal	otor 2			
			D Jones of Debtor 1	Signature of Deb	JUI Z			
		Executed	on April 6, 2021	Executed on				
			MM / DD / YYYY	N	MM / DD / YYYY			

Debtor 1 Ogreita D Jones		Cas	se number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, declunder Chapter 7, 11, 12, or 13 of title 11, United States Cofor which the person is eligible. I also certify that I have defined the company of the compan	de, and have e	explained the relief available under each chapter
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify that schedules filed with the petition is incorrect.	I have no know	vledge after an inquiry that the information in the
	/s/ Robert Faerber Signature of Attorney for Debtor	Date	April 6, 2021 MM / DD / YYYY
	Robert Faerber Printed name		
	Robert Faerber Firm name		
	230 S. Bemistion Suite 600 Saint Louis, MO 63105 Number, Street, City, State & ZIP Code		

Contact phone (314)727-3434

46794 MO Bar number & State faerber@msn.com

Email address

Fill in this information to identify your case:				
Debtor 1	Ogreita D Jones			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	DF MISSOURI	
Case number				
(if known)				
				a

☐ Check if this is an amended filing

FORM 101. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

District	Case Number	Date Filed
Eastern District of Missouri	15-42745	4/14/15
Eastern District of Missouri	14-45053	6/23/14
Eastern District of Missouri	13-40443	1/21/13
Eastern District of Missouri	11-48611	8/12/11

Fill i	n this inforr	mation to identify your	case:			
Debte	or 1	Ogreita D Jones				
Debte	or 2	First Name	Middle Name	Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ba	nkruptcy Court for the:	EASTERN DISTRICT O	F MISSOURI		
	number _					
(if knov	vn)					t if this is an ded filing
					Q	g
∩ffi	cial Fo	rm 106Sum				
			and Liabilities an	d Certain Statistical Information		12/15
inforr your (nation. Fill original for	out all of your schedul ms, you must fill out a	es first; then complete th	are filing together, both are equally responsible fe information on this form. If you are filing amend the box at the top of this page.		
Part	Summ	arize Your Assets				
					Your a	ssets of what you own
1.	Schedule A	VB: Property (Official Fo	orm 106A/B)			
	1a. Copy lin	e 55, Total real estate, f	rom Schedule A/B		\$	0.00
	1b. Copy lin	e 62, Total personal pro	perty, from Schedule A/B		\$	17,940.00
	1c. Copy lin	e 63, Total of all propert	y on Schedule A/B		\$	17,940.00
Part :	2: Summ	arize Your Liabilities				
					Your li	abilities
					Amoun	t you owe
			laims Secured by Property mn A, Amount of claim, at t	(Official Form 106D) the bottom of the last page of Part 1 of Schedule D	\$	25,485.70
3.	Schedule E	/F: Creditors Who Have	Unsecured Claims (Official	Form 106E/F)		
				s) from line 6e of Schedule E/F	\$	807.49
	3b. Copy th	ne total claims from Part	2 (nonpriority unsecured cl	aims) from line 6j of Schedule E/F	\$	25,379.92
				V		
				Your total liabilities	· \$	51,673.11
Part :	3: Summ	arize Your Income and	Expenses			
		Your Income (Official Fo				
				<i>L</i>	\$	2,322.78
		Your Expenses (Official monthly expenses from li			\$	2,187.00
Part 4	4: Answe	er These Questions for	Administrative and Stati	stical Records		
6.	Are you fili	ng for bankruptcy und	er Chapters 7, 11, or 13?			
	□ No. Yo	ou have nothing to report	on this part of the form. Cl	neck this box and submit this form to the court with yo	our other sch	nedules.
	Yes					
7.	What kind	of debt do you have?				
				lebts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,380.55

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	1
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	807.49
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	807.49

Fill in	this inforn	nation to iden	tify your case a	and this filing:				
Debto		Ogreita D						
		First Name		Middle Name	Last Name			
Debto (Spouse	or 2 e, if filing)	First Name		Middle Name	Last Name			
United	d States Ba	nkruptcy Court	for the: EAST	ERN DISTRICT OF	MISSOURI			
Case	number							Check if this is an
Cusc							Ц	amended filing
Offic	cial Fo	rm 106A	/B					
Sch	nedul	e A/B:	Property	V				12/15
think it informa	fits best. B ation. If more r every ques	e as complete a e space is need tion.	ind accurate as po ed, attach a sepai	ossible. If two married rate sheet to this form	ce. If an asset fits in more than o people are filing together, both a . On the top of any additional pag You Own or Have an Interest In	re equally responsible fo	r supply	ing correct
1 Do v					uilding, land, or similar property?			
^		, ,	. oquitable intere	ot in any recidence, be	anding, land, or ominial property.			
_	lo. Go to Par							
ЦΥ	es. where is	s the property?						
Dort 2	Deceribe	Your Vehicles						
Part 2:	Describe	Tour vernicles						
					cles, whether they are registe e G: Executory Contracts and U		y vehic	les you own that
3. Car	s, vans, trı	ucks, tractors	, sport utility ve	hicles, motorcycles	S			
		,	, ,	,				
□ N ■ Y								
_ '	C3							
3.1	Make:	Nissan		Who has an intere	st in the property? Check one	Do not deduct secure the amount of any se		
		Rogue		Debtor 1 only		Creditors Who Have		
	Year:	2014 e mileage:	108,000	Debtor 2 only	obtor 2 only	Current value of the entire property?		urrent value of the ortion you own?
	Other inform		100,000	☐ Debtor 1 and De	ne debtors and another	oning property.	P.	ornon you own.
				Check if this is (see instructions)	community property	\$15,000.0	<u>o</u>	\$15,000.00
Exa	mples: Boa	•	•		al vehicles, other vehicles, and els, snowmobiles, motorcycle a			
■ N								
					tries from Part 2, including an			\$15,000.00
Part 3:	Describe	Your Personal a	and Household It	ems				
Do yo	ou own or h	nave any lega	l or equitable in	terest in any of the	following items?		port	rent value of the ion you own?

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

L	eptor 1	Ogreita D Jo	nes Case number (if known)
6.		old goods and f les: Major applian	urnishings ces, furniture, linens, china, kitchenware	
	_	Describe		
			Household Goods	
			The valuation of this property is based on an estimation of a hypothetical liquidation estate sale (yard sale). The value factors in varying age, wear and tear, and depreciation of the property considering the length of time that the Debtor has owned the property. The valuation assumes that a significant portion of the Debtor's property of this category is depreciate to the point where it has no re-sale value whatsoever. This is a layperson's valuation. The Debtor has no professional or specialized knowledge on how to value property or the likelihood of sale in the event of liquidation. The Debtor expressly reserves the right to assert a	\$4 500 00
			different value for insurance purposes and replacement.	\$1,500.00
7.	□No	les: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; phones, cameras, media players, games	; music collections; electronic devices
			Misc. Electronics	\$200.00
٥.	Example No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; star ons, memorabilia, collectibles	mp, coin, or baseball card collections;
9.	Example No	les: Sports, photo musical instru	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;	canoes and kayaks; carpentry tools;
10	■ No		s, shotguns, ammunition, and related equipment	
11	□ No		othes, furs, leather coats, designer wear, shoes, accessories	
			Wearing Apparel	\$100.00
12	□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
			Misc. Jewelry	\$20.00
_				

13. **Non-farm animals** *Examples:* Dogs, cats, birds, horses

■ No

De	btor 1	Ogreita D	Jones			Ca	se number (if known)	
	☐ Yes.	Describe						
	■ No			-	did not already list, in	cluding any health aid	s you did not list	
	☐ Yes.	Give specific	information	١				
15					n Part 3, including an	y entries for pages you 	u have attached	\$1,820.00
Pa	rt 4: Des	scribe Your Fin	ancial Asse	ets				
Do	you ow	vn or have an	y legal or	equitable interes	t in any of the followi	ng?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No			-	r home, in a safe depo	sit box, and on hand who	en you file your petiti	on
					accounts; certificates of unts with the same insti	•	it unions, brokerage I	nouses, and other similar
	Yes				Institution na	ame:		
			17.1.	Checking	Neighbors	Credit Union		\$100.00
			17.2.	Savings	Neighbors	Credit Union		\$20.00
18.	Bonds, Examp ■ No	, mutual fund ples: Bond fund	s, or publi ds, investm	cly traded stocks nent accounts with	s brokerage firms, mone	ey market accounts		
	☐ Yes			Institution or issu	uer name:			
		ublicly traded enture	stock and	l interests in inco	orporated and uninco	rporated businesses, i	ncluding an interes	t in an LLC, partnership, and
		Give specific		n about them ame of entity:		%	of ownership:	
20.	Negoti	iable instrumei	nts include	personal checks,	cashiers' checks, prom	gotiable instruments nissory notes, and mone by signing or delivering the		
	■ No □ Yes.	Give specific i		about them suer name:				
		nent or pensi ples: Interests			c), 403(b), thrift savings	accounts, or other pens	sion or profit-sharing	plans
	■ Yes.	List each acco		ately. of account:	Institution na	ame:		
					401(K)			\$1,000.00

Official Form 106A/B Schedule A/B: Property page 3

Del	btor 1	Ogreita D	Jones		Case number (if known)	
_	Your s Examp	share of all unu		so that you may continue serv nt, public utilities (electric, gas,	ice or use from a company water), telecommunications companies	, or others
_	■ No □ Yes.			Institution name or in	dividual:	
	Annuit ■ No	ties (A contrac	for a periodic payment of mo	oney to you, either for life or for	a number of years)	
[☐ Yes		Issuer name and description.			
			tion IRA, in an account in a), 529A(b), and 529(b)(1).	ı qualified ABLE program, or	under a qualified state tuition progra	ım.
I	☐ Yes		Institution name and descript	tion. Separately file the records	s of any interests.11 U.S.C. § 521(c):	
ı	No	•		(other than anything listed in	n line 1), and rights or powers exerci	sable for your benefit
ı	⊔ Yes.	Give specific	information about them			
_				and other intellectual proper seeds from royalties and licensi		
I	☐ Yes.	Give specific	information about them			
_			s, and other general intangi ermits, exclusive licenses, co		s, liquor licenses, professional licenses	
_	_	Give specific	information about them			
Мо	ney or	property owe	d to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax ref ■ No	funds owed to	you			
I	□ Yes.	Give specific i	nformation about them, includ	ling whether you already filed t	he returns and the tax years	
29.	•	v support ples: Past due	or lump sum alimony, spousa	al support, child support, mainte	enance, divorce settlement, property set	tlement
ı	■ No				,	
[☐ Yes.	Give specific i	nformation			
_	Exam _l	<i>ples:</i> Unpaid w	eone owes you ages, disability insurance pay unpaid loans you made to sor		pay, vacation pay, workers' compensa	tion, Social Security
_	■ No □ Yes.	Give specific	information			
31.	Interes	sts in insuranc	ce policies	Ith savings account (HSA); cre	dit, homeowner's, or renter's insurance	
_		Name the insu	rance company of each polic	y and list its value.		
			Company name:		Beneficiary:	Surrender or refund value:
			Term Life Insuran	ce through employer_		\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

Debtor	1 Ogreita D Jones		Case number (if known)	
□Y	es. Give specific information			
_Ex	ims against third parties, whether or not you have filed a la amples: Accidents, employment disputes, insurance claims, or i		and for payment	
■ N	o es. Describe each claim			
	er contingent and unliquidated claims of every nature, incl	udina counterclaims	of the debtor and rights to	set off claims
J4. U II		during counterclaims	or the debtor and rights to	set on claims
ΠY	es. Describe each claim			
35. A n	r financial assets you did not already list			
ΠY	es. Give specific information			
	dd the dollar value of all of your entries from Part 4, includi r Part 4. Write that number here			\$1,120.00
Part 5:	Describe Any Business-Related Property You Own or Have an Inte	erest In. List any real esta	ate in Part 1.	
37. Do y	ou own or have any legal or equitable interest in any business-rela	ted property?		
■ No	. Go to Part 6.			
☐ Ye	s. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	st In.	
46. Do	you own or have any legal or equitable interest in any farm	- or commercial fishir	g-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
53. Do	you have other property of any kind you did not already list	t?		
_	amples: Season tickets, country club membership			
■ N	o es. Give specific information			
	oo. Give specific information		Г	
54. A	dd the dollar value of all of your entries from Part 7. Write th	hat number here		\$0.00
Part 8:	List the Totals of Each Part of this Form		L	
	art 1: Total real estate, line 2			\$0.00
	art 2: Total vehicles, line 5	\$15,000.00		
	art 3: Total personal and household items, line 15	\$1,820.00		
	rt 4: Total financial assets, line 36 art 5: Total business-related property, line 45	\$1,120.00		
		\$0.00		
	nrt 6: Total farm- and fishing-related property, line 52 nrt 7: Total other property not listed, line 54	+ \$0.00		
			0	4704650
ο2. To	otal personal property. Add lines 56 through 61	\$17,940.00	Copy personal property to	stal \$17,940.00
63. T	otal of all property on Schedule A/B. Add line 55 + line 62			\$17,940.00

Official Form 106A/B Schedule A/B: Property page 5

Fil	l in this inforr	nation to identify your	case:					
De	btor 1	Ogreita D Jones						
		First Name	Middle Name	Last Name				
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name				
Un	ited States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	DF MISSOURI				
(if k	Case number If known) Check if this is an amended filing							
		<u>rm 106C</u> e C: The Pro	operty You (Claim as Exemp	ot	4/19		
the nee	property you li	isted on <i>Schedule A/B: F</i> d attach to this page as i	Property (Official Form 106	filing together, both are equally A/B) as your source, list the proditional Page as necessary. On	perty that you claim as e	exempt. If more space is		
spe any fun exe	ecific dollar ar applicable so ds—may be u emption to a p	nount as exempt. Alter tatutory limit. Some exe inlimited in dollar amou	natively, you may claim emptions—such as thos unt. However, if you clai	fy the amount of the exemption the full fair market value of the for health aids, rights to recomment an exemption of 100% of factory is determined to excee	e property being exempeive certain benefits, a ir market value under a	oted up to the amount of nd tax-exempt retirement law that limits the		
Pa	rt 1: Identi	fy the Property You Cla	im as Exempt					
1.	Which set of	f exemptions are you c	aiming? Check one only,	even if your spouse is filing wit	h you.			
	You are cl	aiming state and federal	nonbankruptcy exemption	ns. 11 U.S.C. § 522(b)(3)				
	☐ You are cl	aiming federal exemption	ns. 11 U.S.C. § 522(b)(2)					
2.	For any prop	perty you list on Sched	ule A/B that you claim a	s exempt, fill in the informatio	n below.			
		ion of the property and lin- that lists this property	portion you own	•		laws that allow exemption		
			Copy the value fro	m Check only one box for each	h exemption.			

Household Goods The valuation of this property is	\$1,500.00	\$1,500.00	RSMo § 513.430.1(1)
based on an estimation of a hypothetical liquidation estate sale (yard sale). The value factors in varying age, wear and tear, and depreciation of the property considering the length of time that the Debt Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit	
Misc. Electronics Line from Schedule A/B: 7.1	\$200.00	\$200.00	RSMo § 513.430.1(1)
Line Holli Schedule A/D. 1.1		100% of fair market value, up to any applicable statutory limit	
Wearing Apparel Line from Schedule A/B: 11.1	\$100.00	\$100.00	RSMo § 513.430.1(1)
Line IIOIII Schedule A/D. 1111		100% of fair market value, up to any applicable statutory limit	
Misc. Jewelry Line from Schedule A/B: 12.1	\$20.00	\$20.00	RSMo § 513.430.1(2)
Line from Generale A/D. 12-1		100% of fair market value, up to any applicable statutory limit	

De	btor 1	Ogr	reita D Jones			Case number (if known)	
		Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
				Copy the value from Schedule A/B			
	Checking: Neighbors Credit Union Line from Schedule A/B: 17.1			\$100.00		\$100.00	RSMo § 513.430.1(3)
	LIIIO	nom v	Schodale Add. IIII			100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption RSMo § 513.430.1(3) RSMo § 513.430.1(3)
		•	Neighbors Credit Union Schedule A/B: 17.2	\$20.00		\$20.00	RSMo § 513.430.1(3)
	Line	IIOIII v	Scriedule A/B. 11.2			100% of fair market value, up to any applicable statutory limit	
	401	` '	Schedule A/B: 21.1	\$1,000.00		\$1,000.00	RSMo § 513.430.1(10)(f)
	LIIIG	nom .	Scriedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	
3.		•	laiming a homestead exemption adjustment on 4/01/22 and every	. ,		ed on or after the date of adjustme	nt.)
		Yes.	Did you acquire the property cover	ed by the exemption wi	thin 1,	215 days before you filed this case	?
			No				
			Yes				

	in this information to ide	entify your c	ase:				
Deb	tor 1 Ogreita First Name	D Jones	Middle Name	Last Name			
	tor 2					-	
(Spoi	use if, filing) First Name		Middle Name	Last Name			
Unit	ed States Bankruptcy Cou	urt for the:	EASTERN DISTRICT OF MISSO	DURI			
Cas	e number						
(if kn	own)					☐ Check	if this is an
						amend	ded filing
∩ff	icial Form 106D						
<u>5c</u>	hedule D: Cred	ditors v	Vho Have Claims S	ecure	d by Propert	<u>у</u>	12/15
is ne			o married people are filing together number the entries, and attach it to				
1. Do	any creditors have claims	secured by yo	ur property?				
	\square No. Check this box and	d submit this	form to the court with your other s	chedules. Y	ou have nothing else t	to report on this form.	
	Yes. Fill in all of the inf	ormation held					
			JW.				
	1 I ist All Secured C		JW.				
Par	List All Secured C	laims		itor concretely	, Column A	Column B	Column C
Pari 2. Li for e	st all secured claims. If a creach claim. If more than one co	claims editor has more creditor has a p	e than one secured claim, list the creditarticular claim, list the other creditors in order according to the creditor's name.	n Part 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
Pari	st all secured claims. If a creach claim. If more than one co	Elaims editor has mor creditor has a p n alphabetical	e than one secured claim, list the credi particular claim, list the other creditors i	n Part 2. As	Amount of claim	Value of collateral	Unsecured
2. Li for e muc	st all secured claims. If a created claim. If more than one con as possible, list the claims in Prestige Financial	editor has more reditor has a p n alphabetical	e than one secured claim, list the credi articular claim, list the other creditors i order according to the creditor's name.	n Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. Li for e muc	st all secured claims. If a created claim. If more than one con as possible, list the claims in Prestige Financial Service	editor has more reditor has a p n alphabetical	e than one secured claim, list the credi articular claim, list the other creditors i order according to the creditor's name.	n Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. Li for e muc	st all secured claims. If a created claim. If more than one of a spossible, list the claims in a prestige Financial Service Creditor's Name	editor has more reditor has a pen alphabetical decided by the control of the cont	e than one secured claim, list the credicarticular claim, list the other creditors in order according to the creditor's name. Describe the property that secures the D14 Nissan Rogue 108,000 mass of the date you file, the claim is:	e claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. Li for e muc	st all secured claims. If a created claim. If more than one con as possible, list the claims in Prestige Financial Service	editor has more reditor has a properties of the	e than one secured claim, list the credicarticular claim, list the other creditors in order according to the creditor's name. Describe the property that secures the property that secures the property that secures the old Nissan Rogue 108,000 notes of the date you file, the claim is: Claply.	e claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. Li for e muc	st all secured claims. If a creach claim. If more than one of a spossible, list the claims in Prestige Financial Service Creditor's Name	editor has more reditor has a properties of the	e than one secured claim, list the credicarticular claim, list the other creditors in order according to the creditor's name. Describe the property that secures the D14 Nissan Rogue 108,000 mass of the date you file, the claim is:	e claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. Li for e muc	st all secured claims. If a creach claim. If more than one con as possible, list the claims in Prestige Financial Service Creditor's Name 35 W. Opportunity Draper, UT 84020 Number, Street, City, State & Zig	editor has more reditor has a pen alphabetical decided and the control of the con	e than one secured claim, list the credicarticular claim, list the other creditors in order according to the creditor's name. escribe the property that secures the D14 Nissan Rogue 108,000 m s of the date you file, the claim is: Claply. I Contingent Unliquidated Disputed	e claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. Li for e muc	st all secured claims. If a creach claim. If more than one con as possible, list the claims in Prestige Financial Service Creditor's Name 35 W. Opportunity Draper, UT 84020	editor has more reditor has a pen alphabetical decided and the control of the con	e than one secured claim, list the credicarticular claim, list the other creditors in order according to the creditor's name. Describe the property that secures the claim Rogue 108,000 mass of the date you file, the claim is: Copy. Contingent Unliquidated	e claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. Li for e muc	st all secured claims. If a creach claim. If more than one can as possible, list the claims in a spossible, list the claims in	editor has more reditor has a properties of the	e than one secured claim, list the credicarticular claim, list the other creditors in order according to the creditor's name. Describe the property that secures the claim Rogue 108,000 m of the date you file, the claim is: Claim Contingent Unliquidated Disputed The check all that apply. An agreement you made (such as me	e claim: niles	Amount of claim Do not deduct the value of collateral. \$25,485.70	Value of collateral that supports this claim	Unsecured portion If any
2. Li for e muc	st all secured claims. If a creach claim. If more than one can as possible, list the claims in a spossible, list the claims in Prestige Financial Service Creditor's Name 35 W. Opportunity Draper, UT 84020 Number, Street, City, State & Zigo owes the debt? Check on	editor has more reditor has a properties of the	e than one secured claim, list the credicarticular claim, list the other creditors forder according to the creditor's name. escribe the property that secures the claim Rogue 108,000 m s of the date you file, the claim is: Claply. I Contingent Unliquidated Disputed ature of lien. Check all that apply.	e claim: niles	Amount of claim Do not deduct the value of collateral. \$25,485.70	Value of collateral that supports this claim	Unsecured portion If any
Pari 2. Li for ee muc 2.1	st all secured claims. If a creach claim. If more than one can as possible, list the claims in a spossible, list the claims in	editor has more reditor has a properties of the	e than one secured claim, list the credicarticular claim, list the other creditors in order according to the creditor's name. Describe the property that secures the conditional secures the property that secures the conditional secures the condit	e claim: niles heck all that	Amount of claim Do not deduct the value of collateral. \$25,485.70	Value of collateral that supports this claim	Unsecured portion If any
Pari	st all secured claims. If a creach claim. If more than one can as possible, list the claims in a spossible, list the claims in as possible, list the claims in a spossible, list the claims in	editor has more reditor has a properties of the	e than one secured claim, list the creditarticular claim, list the other creditors in order according to the creditor's name. escribe the property that secures the claim is: C	e claim: niles heck all that ortgage or sec	Amount of claim Do not deduct the value of collateral. \$25,485.70	Value of collateral that supports this claim	Unsecured portion If any
Very control of the c	st all secured claims. If a creach claim. If more than one can as possible, list the claims in a spossible, list the claims in	editor has more reditor has a properties of the	e than one secured claim, list the creditarticular claim, list the other creditors in order according to the creditor's name. escribe the property that secures the claim is: C	e claim: niles heck all that ortgage or sec	Amount of claim Do not deduct the value of collateral. \$25,485.70	Value of collateral that supports this claim	Unsecured portion If any

Add the dollar value of your entries in Column A on this page. Write that number here: \$25,485.70

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$25,485.70

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

							_		
Fill	in this informa	ation to identify your c	ase:						
Deb	otor 1	Ogreita D Jones]		
		First Name	Middle Name	Last Nam	е				
	otor 2 use if, filing)	First Name	Middle Name	Last Nam	е				
•					C				
Unit	ted States Bank	cruptcy Court for the:	EASTERN DISTRICT (OF MISSOURI					
Cas	se number								
(if kn	own)						☐ Che	ck if this is a	ın
							ame	ended filing	
Off	icial Form	106F/F							
			no Have Unsec	ured Claim	s			12/1	5
			Part 1 for creditors with			or creditors with NO	NPRIORITY claims		
Sche Sche left. / name	edule G: Executo edule D: Creditor Attach the Conti e and case numb	ry Contracts and Unexpir s Who Have Claims Secu nuation Page to this page per (if known).	hat could result in a claim ed Leases (Official Form red by Property. If more s . If you have no informati	106G). Do not inclu pace is needed, co	ide any cropy the Pai	editors with partially rt you need, fill it out,	secured claims th number the entric	at are listed in	n es on the
		of Your PRIORITY Uns have priority unsecured							
	No. Go to Par		ciainis against you?						
	Yes.								
	identify what type possible, list the of Part 1. If more that	of claim it is. If a claim has claims in alphabetical order an one creditor holds a par	If a creditor has more than both priority and nonpriorit according to the creditor's icular claim, list the other coe the instructions for this for	y amounts, list that on name. If you have meditors in Part 3.	claim here a nore than tw	and show both priority wo priority unsecured c	and nonpriority amo laims, fill out the Co	ounts. As much ontinuation Pag	h as ge of
	٦					Total claim	Priority amount	Nonprior amount	ity
2.1	Collector Priority Cred	of Revenue	Last 4 digits o	of account number	1333	\$807.49	\$807.	49	\$0.00
	Filolity Cred	iitoi s Name	When was the	debt incurred?	2020				
	41 S. Cer						_		
		uis, MO 63105 eet City State Zip Code	As of the date	you file, the claim	is: Check	all that apply			
		the debt? Check one.	☐ Contingent	, ou, o.u	ioi onook	ан анасарру			
	■ Debtor 1 onl	V	☐ Unliquidate	d					
	Debtor 2 onl	V	☐ Disputed	_					
	Debtor 1 and	*	•	RITY unsecured cla	aim:				
	_	of the debtors and another	☐ Domestic s	upport obligations					
	_	s claim is for a communi	_	certain other debts	ou owe the	e government			
		bject to offset?	_	death or personal in		J			
	No	•	☐ Other. Spe	·	, , ,				
	☐ Yes		Outlot: Opo	taxes				_	
Par	t 2: List All	of Your NONPRIORITY	Unsecured Claims						
		s have nonpriority unsecu							
	_ ′		5 ,						
	■ No. You have	noming to report in this pa	rt. Submit this form to the o	ourt with your other	scriedules.				
	Yes.								
	unsecured claim,	list the creditor separately	ims in the alphabetical or for each claim. For each cla t the other creditors in Part	aim listed, identify wl	hat type of	claim it is. Do not list c	aims already includ	led in Part 1. If	f more

Total claim

Debto	Ogreita D Jones		Case number (if known)					
4.1	Ameren	Last 4 digits of account number	0418	\$975.19				
	Nonpriority Creditor's Name PO Box 790098	When was the debt incurred?	2-21					
	St. Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	<u> </u>							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed	Labelia					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	Check if this claim is for a community debt	☐ Obligations arising out of a sepa	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify service						
4.2	Christian Hospital	Last 4 digits of account number	0200	\$625.00				
	Nonpriority Creditor's Name C/O Medicredit PO Box 1629	When was the debt incurred?	10-18					
	Maryland Heights, MO 63043							
	Number Street City State Zip Code	s: Check all that apply						
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify medical bil	<u> </u>					
4.3	Comenity	Last 4 digits of account number	3155	\$808.01				
	Nonpriority Creditor's Name P.O. Box 659705	When was the debt incurred?	2010	*****				
	San Antonio, TX 78265-9704							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans						
	☐ Check if this claim is for a community							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	□Yes	■ Other. Specify credit card						

Debt	or 1 Ogreita D Jones	Case number (if known)	
4.4	Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	\$9,489.49
	PO Box 7346 Philadelphia, PA 19101	When was the debt incurred? 2015	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other. Specify taxes	
4.5	Internal Revenue Service	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name PO Box 7346 Philadelphia, PA 19101	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice Only	
4.6	Kenneth Hykes	Last 4 digits of account number 2562	\$500.00
	Nonpriority Creditor's Name C/O Alan Baker 2026 South Big Bend	When was the debt incurred? 2018	
	Saint Louis, MO 63117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
		☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify service	

Debto	r 1 Ogreita D Jones	Case number (if known)	
4.7	Merrick Bank Nonpriority Creditor's Name	Last 4 digits of account number 9039	\$700.00
	PO Box 9201 Old Beth Page, NY 11804	When was the debt incurred? 2011	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	
4.8	Midland Credit Management	Last 4 digits of account number	\$900.00
	Nonpriority Creditor's Name C/O Patrick Butler 974 73rd Street, Suite 20	When was the debt incurred? 2009	
	West Des Moines, IA 50265		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt	_	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Service	
4.9	Missouri Department of Revenue	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 475	Then was the dest mounted:	
	Jefferson City, MO 65105	_	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Notice Only	

Ogreita D Jones	Case number (if known)	
Rent A Center	Last 4 digits of account number 5137	\$1,000.00
Nonpriority Creditor's Name 1051 Regency Parkway Saint Charles, MO 63303	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify service	
Speedy Cash	Last 4 digits of account number 0728	\$400.00
Nonpriority Creditor's Name		
PO Box 780408 Wichita, KS 67278	When was the debt incurred? 2018	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other. Specify payday loan	
Sugar Pines Apartments	Last 4 digits of account number 7169	\$3,255.11
Nonpriority Creditor's Name	Last 4 digits of account number 7169	φ3,233.11
14211 Árbor Street	When was the debt incurred? 2012	
Omaha, NE 68144 Number Street City State Zip Code	As of the date you file the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify back rent	

Debtor	1 Ogreita D Jones		Case number (if known)	
4.1				_
3	T-Mobile	Last 4 digits of account number	5793	\$4,227.12
	Nonpriority Creditor's Name C/O Diversified Consultants	When was the debt incurred?	2009	
-	PO Box 551268 Jacksonville, FL 32255 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	■ Other. Specify Service	g p,	
		Other. Specify		
4.1	Title Loan Company	Last 4 digits of account number		\$2,500.00
4	Nonpriority Creditor's Name	- Last 4 digits of account number		Ψ2,000.00
	9814 W. Florissant Saint Louis, MO 63136	When was the debt incurred?	2009	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specifytitle loan		
4.1 5	United States Attorney Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	111 South 10th Street 20th Floor	When was the debt incurred?		
	Saint Louis, MO 63102			
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Notice Only		

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1	Ogreita D Jones	
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Case number (if known)

Name and Address Abbott Osborn Jacobs 974 73rd Street West Des Moines, IA 50265 On which entry in Part 1 or Part 2 did you list the original creditor?

Line <u>4.3</u> of (*Check one*): □ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	807.49
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	807.49
				7	otal Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	25,379.92
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	25,379.92

Fill in this inform	mation to identify your	case:			
Debtor 1	Ogreita D Jones				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	EASTERN DISTRICT O	F MISSOURI		
Case number _				☐ Check if this is an amended filing	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code				State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	-
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

Fill in this	information to identify your	case:			
Debtor 1	Ogreita D Jones				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	EASTERN DISTRICT O	OF MISSOURI		
Case numb (if known)	per				☐ Check if this is an
					amended filing
O((;)	E 40011				
	Form 106H	_			
Sched	ule H: Your Cod	ebtors			12/15
■ No	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
☐ Yes					
Arizona No.	nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. . Did your spouse, former spo	, Nevada, New Mexico, Pัเ	uerto Rico, Texas, Wash	y? (Community property state ington, and Wisconsin.)	s and territories include
in line Form 1 out Co	2 again as a codebtor only	f that person is a guarar	ntor or cosigner. Make	if your spouse is filing with sure you have listed the cred 16G). Use Schedule D, Sched	ditor on Schedule D (Official
N	lame, Number, Street, City, State and Z	IP Code		Check all schedules that	
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
<u></u>	Number Street			_	
C	City	State	ZIP Code		
				_	
3.2	Name			_ Schedule D, line	
ľ	T anno			☐ Schedule E/F, line ☐ Schedule G, line ☐	
_				Li Schedule G, line	
	Number Street City	State	ZIP Code		
	•				

E	:					Ī			
	in this information to identify your optor 1 Ogreita D Jo								
001	Ogrena D 3	Jiles			_				
	otor 2 buse, if filing)				_				
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF MISSOURI		_				
	se number 					Check if this is An amende A supplement	ed filing ent showing	, ,	
0	fficial Form 106I							llowing date:	
	chedule I: Your Inc	ome				MM / DD/ Y	YYY		12/15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t 1:	are married and not filing wi	ng jointly, and your sith you, do not include	spouse i de inforr	s liv nati	ing with you, incl on about your spe	ude inform ouse. If mo	nation about ore space is	your needed,
1.	Fill in your employment								
١.	information.		Debtor 1			Debtor 2	or non-fil	ing spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed	■ Employed			☐ Employed		
	information about additional	. ,	☐ Not employed			☐ Not e	☐ Not employed		
	employers.	Occupation	Collections						
	Include part-time, seasonal, or self-employed work.	Employer's name	Medicredit						
	Occupation may include student or homemaker, if it applies.	Employer's address	111 Corporate C Suite 200 St. Louis, MO 63		rive	, 			
		How long employed to	here? _4 years						
Par	t 2: Give Details About Mo	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any	line, write \$0 in the	space. Incl	lude your no	n-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	n for all e	mplo	oyers for that perso	on on the lin	nes below. If	you need
						For Debtor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,089.84	\$	N/A	
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	3,089.84	\$	N/A	

btor 1	Ogreita D Jones		Case n	iumber (<i>if known</i>)		
			For I	Debtor 1		otor 2 or ng spouse
Co	py line 4 here	4.	\$	3,089.84	\$	N/A
. Lis	st all payroll deductions:					
5a	. Tax, Medicare, and Social Security deductions	5a.	\$	648.20	\$	N/A
5b	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
5c	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
5d	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
5e	. Insurance	5e.	\$	118.86	\$	N/A
5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
5g	. Union dues	5g.	\$	0.00	\$	N/A
5h	Other deductions. Specify:	_ 5h.+	\$	0.00	+ \$	N/A
. Ас	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	767.06	\$	N/A
. Ca	Iculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,322.78	\$	N/A
8a 8b	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. 8b.	\$	0.00	\$	N/A N/A
8c	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		\$ \$		*	
0.4	settlement, and property settlement.	8c. 8d.	· · · —	0.00	\$	N/A
8d 8e	and the same	8e.	\$	0.00	\$	N/A N/A
8f.	•	8f.	\$\$	0.00	\$\$	N/A
8g	Pension or retirement income	_ 8g.	\$	0.00	\$	N/A
8h	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A
). Ac	ld all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A

2,322.78 \$ 2,322.78 10. Calculate monthly income. Add line 7 + line 9. 10. N/A Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and

other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 11. **+**\$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.	\$	2,322.78				
Combined						

monthly income

13.	Do you expect an	increase or decre	ease within the year	after you file this form?
-----	------------------	-------------------	----------------------	---------------------------

No.	
Yes. Explain:	

Fill	in this information to identify y	our case:					
Deb	otor 1 Ogreita D Jo	nes			Check	c if this is:	
Debtor 2						ving postpetition chapter	
	ouse, if filing)				the following date:		
Unit	ed States Bankruptcy Court for the	EASTE	RN DISTRICT OF MISSOL	JRI		MM / DD / YYYY	
	e number						
(If k	nown)						
0	fficial Form 106J						
	chedule J: Your	Exper	nses				12/15
Be	as complete and accurate as ormation. If more space is ne nber (if known). Answer eve	s possible eded, atta	. If two married people ar				
Par 1.	t 1: Describe Your House Is this a joint case?	ehold					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live	in a sanar	ate household?				
	□ No	·	ial Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2	
2.	Do you have dependents?		iai i eiiii 1000 2, <i>Expense</i> e	Tor Coparato Frodo	77074 01 20510		
	Do not list Debtor 1 and Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.			chld		19	Yes
							□ No □ Yes
				-			□ No
							☐ Yes
							□ No
3.	Do your expenses include	_	i				☐ Yes
0.	expenses of people other t yourself and your depende	:han ∟	No Yes				
Par	t 2: Estimate Your Ongo	ing Month	ly Expenses				
exp	imate your expenses as of y penses as of a date after the plicable date.	our bankr	uptcy filing date unless y				
Inc	lude expenses paid for with	non-cash	government assistance in	f you know			
	value of such assistance an ficial Form 106l.)	d have in	cluded it on Schedule I: Y	our Income		Your expe	enses
4.	The rental or home owners payments and any rent for the		-	nclude first mortgage	e 4. \$		1,000.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner'				4b. \$		0.00
	4c. Home maintenance, re				4c. \$		0.00
5.	4d. Homeowner's associaAdditional mortgage paym			me equity loans	4d. \$ 5. \$		0.00
	3-3-1-37		,		+		

Ogreita I	D Jones	Case num	ber (if known)	
ities:				
	heat, natural gas	6a.	\$	150.00
			·	0.00
			·	75.00
•	· · · · · · · · · · · · · · · · · · ·		·	0.00
	•		·	350.00
			·	
			·	0.00
•				100.00
•				50.00
	•	11.	\$	30.00
•	,	12	\$	150.00
			·	50.00
	· · · · · · · · · · · · · · · · · · ·		·	
	indutions and religious donations	14.	Ψ	0.00
	surance deducted from your pay or included in lines	4 or 20		
	, , ,		\$	0.00
			· ·	0.00
			·	
			·	132.00
			D	0.00
	clude taxes deducted from your pay or included in li		¢.	0.00
		16.	\$	0.00
		47-	Φ.	0.00
			· · · · · · · · · · · · · · · · · · ·	0.00
			·	0.00
			·	0.00
•	·		\$	0.00
			¢	0.00
		J.a J		
	s you make to support others who do not live wit	-	>	0.00
,				
				0.00
			·	0.00
			·	0.00
			·	0.00
				0.00
	er's association or condominium dues		·	0.00
er: Specify:	Cell Phone	21.	+\$	100.00
oulato vova	monthly expenses			
-	* *		¢	2 407 00
	•	al Form 106 L 2		2,187.00
		ai FUIIII 100J-Z	I .	
. Add line 22a	a and 22b. The result is your monthly expenses.		\$	2,187.00
culate vour	monthly net income			
		232	\$	2,322.78
. Copy your	monthly expenses from the 220 above.	230.	-φ	2,187.00
Subtract v	our monthly expenses from your monthly income			
		23c.	\$	135.78
THE TESUIL	13 your monuny necinoonie.	200.		
vou expect a	an increase or decrease in your expenses within	the year after you file this	s form?	
example, do yo	ou expect to finish paying for your car loan within the year or			e or decrease because of
		, 3.3.		
No.				
	ities: Electricity, Water, sex Telephone Other. Spe od and house Idcare and of thing, laund sonal care p dical and del nsportation. not include ci ertainment, aritable cont urance. not include in: Life insura Health ins Vehicle insura Car payme	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: dd and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services Idical and dental expenses insportation. Include gas, maintenance, bus or train fare. Inot include car payments. ertainment, clubs, recreation, newspapers, magazines, and baritable contributions and religious donations urance. Inot include insurance deducted from your pay or included in lines Life insurance Health insurance Health insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines icify: alliment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Ir payments of allimony, maintenance, and support that you of lucted from your pay on line 5, Schedule I, Your Income (Officer payments you make to support others who do not live wit forify: er real property expenses not included in lines 4 or 5 of this Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Cell Phone culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Offici Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly net income.	Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: da and housekeeping supplies (7. Ideare and children's education costs thing, laundry, and dry cleaning sonal care products and services (10. Ideal and dental expenses Insportation. Include gas, maintenance, bus or train fare. Inclincide car payments. Include car payments. Include car payments. Include car payments. It is insurance Inclincide insurance deducted from your pay or included in lines 4 or 20. Life insurance Inclincide insurance deducted from your pay or included in lines 4 or 20. Life insurance Inclincide insurance inclincide taxes deducted from your pay or included in lines 4 or 20. City: Incline to release payments: Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Cother. Specify: Other. Specify: In payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule I, Your Income (Official Form 106), are payments you make to support others who do not live with you. Inclincide in your pay on line 5, Schedule I, Your Income (Official Form 106), are payments on vehicle as support others who do not live with you. In payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule I, Your Income (Official Form 106), are payments on whe to support others who do not live with you. In payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule I, Your Income (Official Form 106), are payments on other property Include your monthly expenses not included in lines 4 or 5 of this form or on Schedule I. Included your monthly expenses or Debtor 2), if any, from Official Form 106J-2 Include your monthly expenses for Debtor 2), if any, from Official Form 106J-2 Include your monthly expenses from line 22c above. Subtract your monthly expenses from line 22c above.	Itiles: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: da and housekeeping supplies dd and supplies dd and housekeeping supplies dd and housekeeping supplies dd and housekeeping supplies dd and housekeeping supplies dd in lines 4 or 20. dd 5. dd supplies supplies dd in lines 4 or 20. dd 6. \$ dd in supplies su

Fill in this informa	ation to identify your	case:							
Debtor 1	Ogreita D Jones								
	First Name	Middle Name	Last	t Name					
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Lact	t Name					
(Spouse II, IIIIIIg)	riist Name	wilddie Name	LdSi	t name					
United States Bank	kruptcy Court for the:	EASTERN DISTRICT	OF MISSOUF	रा					
Case number						☐ Check if this is an			
						amended filing			
	on About a			or's Schedul		12/15			
If two married peo	ple are filing together	, both are equally resp	onsible for s	upplying correct information	ation.				
obtaining money o years, or both. 18		n connection with a ba				ement, concealing property, or 00, or imprisonment for up to 20			
Did you pay	or agree to pay some	one who is NOT an atte	orney to help	you fill out bankruptcy	forms?				
■ No									
☐ Yes. Na	Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)								
	y of perjury, I declare true and correct.	that I have read the su	mmary and so	chedules filed with this	declaratio	on and			
X /s/ Ogrei	ita D Jones		Х						
Ogreita				Signature of Debtor 2					
Date Ar	oril 6, 2021			Date					

Fil	l in this inforn	nation to identify you	r case:							
De	ebtor 1	Ogreita D Jones								
		First Name	Middle Name	Last Name						
1	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name						
Ur	nited States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	MISSOURI						
Ca	ise number									
(if k	known)					Check if this is an mended filing				
	fficial Fo				_					
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19				
info	ormation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you					
Pa	rt 1: Give D	Details About Your Ma	arital Status and Where You	Lived Before						
1.	What is you	r current marital statu	ıs?							
	■ Married □ Not mar									
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?						
	■ No	_								
	_	■ NoYes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
3. sta					ity property state or territory					
	■ No									
	_	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (Ot	fficial Form 106H).						
Pa	rt 2 Explai	n the Sources of You	r Income							
4.	Fill in the tota	al amount of income yo	nployment or from operating received from all jobs and a have income that you receive	all businesses, including part-		ndar years?				
	□ No									
		l in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$10,461.23	☐ Wages, commissions, bonuses, tips					
			☐ Operating a business		☐ Operating a business					

Official Form 107

Debtor 1 C	greita D Jo	nes		Case number (if known)				
			Debtor 1			Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions exclusions)	s and	Sources of inc Check all that a		Gross income (before deductions and exclusions)
For last cale (January 1 to	endar year: o December :	31, 2020)	■ Wages, commissions, bonuses, tips	\$42,33	37.26	☐ Wages, combonuses, tips	missions,	
			☐ Operating a business			☐ Operating a	business	
	ndar year bef o December :		■ Wages, commissions, bonuses, tips	\$46,23	32.00	☐ Wages, com bonuses, tips	missions,	
			☐ Operating a business			☐ Operating a	business	
winnings List each	. If you are fili	ng a joint ca	s; pensions; rental income; inter ase and you have income that y come from each source separa	you received together	r, list it o	only once under De	ebtor 1.	a gambling and lottery
			Debtor 1			Debtor 2		
			Sources of income Describe below.	Gross income fro each source (before deductions exclusions)		Sources of inc Describe below		Gross income (before deductions and exclusions)
Part 3: Li	st Certain Pa	yments Yo	u Made Before You Filed for	Bankruptcy				
6. Are eithe ☐ No.	Neither De	btor 1 nor	2's debts primarily consumer Debtor 2 has primarily consumerate a personal, family, or househo	umer debts. Consum	ner debts	s are defined in 11	U.S.C. § 10°	1(8) as "incurred by an
	□ No.	90 days be Go to line	fore you filed for bankruptcy, di 7.	d you pay any credito	or a tota	l of \$6,825* or mo	re?	
	Yes	paid that on	reach creditor to whom you pai creditor. Do not include paymer e payments to an attorney for the ont on 4/01/22 and every 3 years	nts for domestic supp his bankruptcy case.	ort oblig	ations, such as ch	ild support a	nd alimony. Also, do
■ Yes	Debtor 1 o	r Debtor 2	or both have primarily consu fore you filed for bankruptcy, di	ımer debts.			,	
	□ _{No.}	Go to line	7.					
	■ Yes	include pa	each creditor to whom you pai ayments for domestic support o or this bankruptcy case.					
Credito	r's Name and	l Address	Dates of payme		ount paid	Amount you still owe	Was this p	payment for
Rent			monthly	\$1,000	0.00	\$0.00	☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplie	Card

Other Rent

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	■ No□ Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment			
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.								
	■ No □ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	this payment			
Pai	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures							
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.								
	□ No■ Yes. Fill in the details.								
	Case title Case number	Nature of the case	Court or agency		Status of the	case			
	Midland Credit vs. Ogreita Jones 21SI-AC01700	civil	St. Louis County 7900 Carondelet Clayton, MO 63105		☐ Pending ☐ On appeal ☐ Concluded				
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		erty repossessed, f	oreclosed, garnis	shed, attached	, seized, or levied?			
	No. Go to line 11.☐ Yes. Fill in the information below.								
	Creditor Name and Address	Address Describe the Property				Value of the property			
		Explain what happened	d						
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fii	nancial institutior	n, set off any a	mounts from your			
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount			
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess	ion of an assigne	e for the bene	fit of creditors, a			

Case number (if known)

Debtor 1 Ogreita D Jones

No .				
No .	ptcy, c			
***	-	did you give any gifts with a total value of more	than \$600 per person?	•
Yes. Fill in the details for each gift.				
Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value
rson to Whom You Gave the Gift and dress:				
No			al value of more than	\$600 to any charity?
			Datasassas	Valore
ts or contributions to charities that totore than \$600 arity's Name dress (Number, Street, City, State and ZIP Code)		Describe what you contributed	contributed	Value
List Certain Losses				
hin 1 year before you filed for bankrupt jambling?	tcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,
No Yes. Fill in the details.				
	Descri	be any insurance coverage for the loss	Date of your	Value of property
ır			IOSS	lost
List Certain Payments or Transfers				
sulted about seeking bankruptcy or pro	epariı	ng a bankruptcy petition?		ty to anyone you
No				
Yes. Fill in the details.				
rson Who Was Paid dress nail or website address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	u		4 00 04	****
obert E. Faerber 0 S. Bemiston, Suite 600 ayton, MO 63105			1-26-21	\$200.00
obert E. Faerber 0 S. Bemiston, Suite 600 ayton, MO 63105			2-5-21	\$480.00
obert E. Faerber 0 S. Bemiston, Suite 600 ayton, MO 63105			04/06/2021	\$77.00
roth Holdon Hold	rson to Whom You Gave the Gift and dress: nin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or conts or contributions to charities that to re than \$600 arity's Name dress (Number, Street, City, State and ZIP Code) List Certain Losses nin 1 year before you filed for bankrup ambling? No Yes. Fill in the details. scribe the property you lost and with loss occurred List Certain Payments or Transfers nin 1 year before you filed for bankrup sulted about seeking bankruptcy or produce any attorneys, bankruptcy petition produce any attorneys, bankruptcy petition produces and or website address all or website address son Who Was Paid dress son Who Made the Payment, if Not You bert E. Faerber O.S. Bemiston, Suite 600 ayton, MO 63105 bert E. Faerber O.S. Bemiston, Suite 600 ayton, MO 63105	rson to Whom You Gave the Gift and dress: nin 2 years before you filed for bankruptcy, or No Yes. Fill in the details for each gift or contribut its or contributions to charities that total re than \$600 arity's Name dress (Number, Street, City, State and ZIP Code) List Certain Losses nin 1 year before you filed for bankruptcy or ambling? No Yes. Fill in the details. scribe the property you lost and with eloss occurred List Certain Payments or Transfers nin 1 year before you filed for bankruptcy, disulted about seeking bankruptcy or preparing any attorneys, bankruptcy petition preparer No Yes. Fill in the details. son Who Was Paid dress ail or website address son Who Made the Payment, if Not You bert E. Faerber O.S. Bemiston, Suite 600 ayton, MO 63105 bert E. Faerber O.S. Bemiston, Suite 600 ayton, MO 63105 bert E. Faerber O.S. Bemiston, Suite 600 ayton, MO 63105	Son to Whom You Gave the Gift and dress: Inin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a tot No Yes. Fill in the details for each gift or contribution. Is or contributions to charities that total re than \$600 arity's Name dress (Number, Street, City, State and ZIP Code) List Certain Losses List Certain Losses Inin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose any ambling? No Yes. Fill in the details. Scribe the property you lost and withe loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers Inin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay sulted about seeking bankruptcy or preparing a bankruptcy petition? No Yes. Fill in the details. Son Who Was Paid dress all or website address all	son to Whom You Gave the Gift and dress: Inin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than: No Yes. Fill in the details for each gift or contribution. Its or contributions to charities that total re than \$600 arity's Name dress, (Number, Street, City, State and ZIP Code) List Certain Losses Inin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of thefambling? No Yes. Fill in the details. Scribe the property you lost and with eloss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers List Certain Payments or Transfers Inin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any proper sulted about seeking bankruptcy or preparing a bankruptcy petition? Indeed the any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Son Who Was Paid dress all or website address son Who Made the Payment, if Not You bert E. Faerber Date payment or transfer was made Description and value of any property transferred Date payment or transfer was made 1-26-21 Date payment or transfer was made Date payment or transfer was made 1-26-21 Date payment or transfer was made Date payment or transfer was made

Case number (if known)

Debtor 1 Ogreita D Jones

Debtor 1 Ogreita D Jones Case number (if known)

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor. Do not include any payment or transfer that you No Yes. Fill in the details.	rs or to make payments			or transfer any propei	ty to anyone who
	Person Who Was Paid Address	Description and v transferred	alue of any prop	perty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your but Include both outright transfers and transfers mainclude gifts and transfers that you have alread	usiness or financial affa ade as security (such as t	airs? he granting of a s			
	■ No □ Yes. Fill in the details.					
	Person Who Received Transfer Address	Description and v			any property or s received or debts xchange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No		y property to a s	self-settled tr	rust or similar device o	of which you are a
	Yes. Fill in the details.					
	Name of trust	Description and v	alue of the prop	erty transfer	red	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Sto	rage Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated in the same of the s	r other financial accou	nts; certificates	of deposit; s		, ,
	Yes. Fill in the details.			_		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	cl m	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	rear before you filed for	bankruptcy, an	y safe depos	it box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution	Who else had acc	200 to it?	Describe the	. contonto	De veu etill
	Address (Number, Street, City, State and ZIP Code)	Address (Number, S State and ZIP Code)		Describe the	Contents	Do you still have it?
22.	Have you stored property in a storage unit of	or place other than your	home within 1 y	year before y	ou filed for bankruptc	y?
	No					
	Yes. Fill in the details.	Who clas has an h	and anneas	Dogoriba 44-a	contents	Do vor still
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the	Contents	Do you still have it?

Debtor 1 Ogreita D Jones Case number (if known)

Par	rt 9: Identify Property You Hold or Control for S	Someone Else			
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any prope	ty you borrow	ed from, are storing fo	r, or hold in trust
	■ No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the	property	Value
Par	rt 10: Give Details About Environmental Informa	ation			
For	the purpose of Part 10, the following definitions	apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	ir, land, soil, surface water, ground			
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law, whether y	ou now own, operate,	or utilize it or used
	Hazardous material means anything an environi hazardous material, pollutant, contaminant, or s		waste, hazaro	dous substance, toxic s	substance,
Rep	port all notices, releases, and proceedings that yo	ou know about, regardless of when	they occurred	d.	
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in vi	olation of an environm	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		nental law, if you	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		nental law, if you	Date of notice
26.	Have you been a party in any judicial or adminis	strative proceeding under any env	ronmental law	? Include settlements	and orders.
	■ No				
	Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the	case	Status of the case
Par	rt 11: Give Details About Your Business or Con	nections to Any Business			
27.	Within 4 years before you filed for bankruptcy, o	did vou own a business or have ar	v of the follow	ving connections to an	v business?
	☐ A sole proprietor or self-employed in a t	•	•		,
	☐ A member of a limited liability company			·	
	☐ A partner in a partnership		. ,		
	☐ An officer, director, or managing execut	ive of a corporation			
☐ An owner of at least 5% of the voting or equity securities of a corporation					

Debtor 1 Ogreita D Jones	Ca	ase number (if known)
■ No. None of the above applies. Go to	Part 12.	
☐ Yes. Check all that apply above and fi	II in the details below for each business.	
Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed
28. Within 2 years before you filed for bankrup institutions, creditors, or other parties.	otcy, did you give a financial statement to a	inyone about your business? Include all financial
■ No □ Yes. Fill in the details below.		
Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part 12: Sign Below		
	a false statement, concealing property, or o	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
/s/ Ogreita D Jones		
Ogreita D Jones Signature of Debtor 1	Signature of Debtor 2	
Date April 6, 2021	Date	
Did you attach additional pages to Your Statem No ☐ Yes	ent of Financial Affairs for Individuals Filin	ng for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is no ■ No	ot an attorney to help you fill out bankrupto	cy forms?
☐ Yes. Name of Person Attach the Bankr	uptcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).

Fill in this information to identify your case:				
Debtor 1	Ogreita D Jones			
Debtor 2 (Spouse, if filing)				
United States Bankruptcy Court for the:		Eastern District of Missouri		
Case number (if known)				

Calculate Your Average Monthly Income

Check as directed in lines 17 and 21:				
According to the calculations required by this Statement:				
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).			
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).			
	3. The commitment period is 3 years.			
	4. The commitment period is 5 years.			

☐ Check if this is an amended filing

Official Form 122C-1

Part 1:

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

	.								
1.	What is your marital and filing status? Check one of	only.							
	☐ Not married. Fill out Column A, lines 2-11.								
	■ Married. Fill out both Columns A and B, lines 2-11								
10 th	ill in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- tie 6 months, add the income for all 6 months and divide the total couses own the same rental property, put the income from that	month pe al by 6. Fi	riod would ill in the re	d be Ma sult. Do	rch 1 thro	ugh Aud de any i	gust 31. If the ame income amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
						Colui Debt		Column B Debtor 2 or non-filing spouse	
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).				efore all	\$	3,380.55	\$		
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.				use if	\$	0.00	\$		
4.	All amounts from any source which are regularly popular of you or your dependents, including child support from an unmarried partner, members of your househound roommates. Do not include payments from a spouyou listed on line 3.	rt. Includ	le regula: depende	r contr ents, pa	ibutions arents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1						
	Gross receipts (before all deductions)	\$_	0.00						
	Ordinary and necessary operating expenses	- \$ _	0.00						
	Net monthly income from a business, profession, or fa	arm \$	0.00	Copy	y here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor							
	Gross receipts (before all deductions)	\$	0.00						

0.00

0.00 Copy here -> \$

0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

-\$

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

tor 1 Ogr	eita D Jones			Case number	(If known)			
				Column A Debtor 1		Column B Debtor 2 non-filing	or	
Interest,	dividends, and royalties			\$	0.00	. \$ 		
Unemplo	yment compensation			\$	0.00	\$		
	ter the amount if you contend that the am Security Act. Instead, list it here:	nount received was a bene	fit under					
For you		\$.00					
For you	ır spouse	\$						
Pension of benefit un not includ United Sta disability, pay paid of does not of	or retirement income. Do not include an der the Social Security Act. Also, except e any compensation, pension, pay, annuates Government in connection with a distort death of a member of the uniformed sunder chapter 61 of title 10, then include exceed the amount of retired pay to which ander any provision of title 10 other than of	by amount received that was as stated in the next sente ity, or allowance paid by the ability, combat-related injuervices. If you received an that pay only to the extent in you would otherwise be a	ence, do ne nry or y retired that it	\$	0.00	\$		
Do not incurred under the under the coronaviru crime, a compensa Governme death of a	rom all other sources not listed above. clude any benefits received under the Sor Federal law relating to the national emer National Emergencies Act (50 U.S.C. 16 us disease 2019 (COVID-19); payments or rime against humanity, or international or each tin connection with a disability, combat in member of the uniformed services. If ne page and put the total below.	cial Security Act; payments gency declared by the Pre 01 et seq.) with respect to received as a victim of a w domestic terrorism; or paid by the United States t-related injury or disability	s made esident the ar , or					
	Fage and partition action actions			\$	0.00	\$		
_				\$	0.00	\$		
_	Total amounts from separate pages, if any	<i>I</i>		\$	0.00	\$ *		
•	eta. aea.ne nem eepalate pagee, n an	, .	_		7	·	$\neg -$	
each colu	e your total average monthly income. A mn. Then add the total for Column A to the total for Colu	ne total for Column B.	\$	3,380.55	+ \$ _			3,380.55
	termine How to Measure Your Deduct							
	ir total average monthly income from I	ine 11.					\$	3,380.55
_	the marital adjustment. Check one: are not married. Fill in 0 below.							
	are not marned. Fill in 0 below. are married and your spouse is filing with	vov. Fill in O holow						
_								
Fill ir depe Belo	are married and your spouse is not filing the amount of the income listed in line 1 endents, such as payment of the spouse's w, specify the basis for excluding this inc stments on a separate page.	1, Column B, that was NC stax liability or the spouse	's suppo	rt of someone	e other t	han you or yo	ur depende	ents.
,	s adjustment does not apply, enter 0 belo	w.						
			\$					
			\$					
			+\$		_			
	Total		\$	0.00	<u>о</u> с	opy here=>		0.0
. Your cu	rrent monthly income. Subtract line 13	from line 12.					\$	3,380.55
Calculat	te your current monthly income for the	year. Follow these steps	:					
15a. Co	opy line 14 here=>						\$	3,380.55

Debtor 1	C	greita D Jones	Case number (if known)		
		Multiply line 15a by 12 (the number of months in a year).		X	12
1	5b.	The result is your current monthly income for the year for this part of	f the form.	\$	40,566.60

Debtor 1	Og.	reita D Jones		Case number (if known)		
16. C	Calculat	te the median family income that applies to	you. Follow these steps:	:		
1	6a. Fill	in the state in which you live.	MO			
1	6b. Fill	in the number of people in your household.	3			
1	6c. Fill	in the median family income for your state and	size of household.		\$	76,431.00
		find a list of applicable median income amoun ructions for this form. This list may also be ava	ts, go online using the lin	k specified in the separate	· _	
17. F		the lines compare?	anable at the bankraptoy	olorico omoc.		
1	7a.	Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do				
1	7b. [Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14	ulation of Your Dispos			
Part 3	: C	alculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18. C	Сору ус	our total average monthly income from line	11 .		\$	3,380.55
S	ontend pouse's	the marital adjustment if it applies. If you ar that calculating the commitment period under income, copy the amount from line 13. he marital adjustment does not apply, fill in 0 or	11 U.S.C. § 1325(b)(4) a	s not filing with you, and you Illows you to deduct part of your	-\$	0.00
1	9b. Sul	otract line 19a from line 18.			\$	3,380.55
20. C	Calculat	te your current monthly income for the year	Follow these steps:			
2	0a. Cop	by line 19b			\$_	3,380.55
	Mul	Itiply by 12 (the number of months in a year).			<u> </u>	12
2	?0b. Th€	e result is your current monthly income for the	year for this part of the fo	orm	\$_	40,566.60
2	loc. Cop	by the median family income for your state and	I size of household from	line 16c	\$_	76,431.00
2	21. Ho v	w do the lines compare?				
		Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	rise ordered by the court,	on the top of page 1 of this form, of	heck box 3, 7	The commitment
		Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	nless otherwise ordered	by the court, on the top of page 1 of	of this form, ch	neck box 4, The
Part 4	s	ign Below				

/s/ Ogreita D Jones

Ogreita D Jones

Signature of Debtor 1

Date April 6, 2021

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2020 to 03/31/2021.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Medicredit

Year-to-Date Income:

Last Year:

Debtor 1

Starting Year-to-Date Income: \$\frac{\$32,515.18}{\$42,337.25}\$ from check dated \$\frac{9/30/2020}{\$12/31/2020}\$.

This Year:

Current Year-to-Date Income: \$10,461.23 from check dated 3/31/2021.

Income for six-month period (Current+(Ending-Starting)): \$20,283.30 .

Average Monthly Income: \$3,380.55

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

С	hapter 7:	Liquidation	
	\$245	filing fee	
	\$78	administrative fee	
<u>+</u>	\$15	trustee surcharge	
	\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Missouri

			Eastern District of Misso	ull				
In re	Ogreita D Joi	nes		Case No.				
			Debtor(s)	Chapter	13			
			COMPENSATION OF ATT					
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:							
	For legal servi	ces, I have agreed to ac	ccept	\$	4,800.00			
	Prior to the fili	ng of this statement I h	nave received	\$	757.00			
	Balance Due			\$	4,043.00			
2. T	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
3. T	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
4.	I have not agree	have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.						
[osed compensation with a person or person a list of the names of the people sharing in					
5. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
b c	. Preparation and	filing of any petition, so f the debtor at the mee	tion, and rendering advice to the debtor in schedules, statement of affairs and plan wheting of creditors and confirmation hearing	hich may be required;				
6. B	By agreement with	the debtor(s), the abov	re-disclosed fee does not include the follow	ving service:				
			CERTIFICATION					
	certify that the for ankruptcy proceedi		tatement of any agreement or arrangement	for payment to me for r	epresentation of the debtor(s) in			
Ar	pril 6, 2021		/s/ Robert Fae	rber				
Do	ate		Robert Faerbe	er				
			Signature of Atto Robert Faerbe	2				
			230 S. Bemisti					
			Suite 600 Saint Louis, M	IO 63105				
			(314)727-3434	Fax: (314)727-6992				
			faerber@msn.	.com ` ´				
			Name of law firm	n				

United States Bankruptcy Court Eastern District of Missouri

In re	Ogreita D Jones		Case No.				
		Debtor(s)	Chapter	13			
	VERIFICATION OF CREDITOR MATRIX						
The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list							
containing the names and addresses of my creditors (Matrix), consisting of 2 page(s) and is true, co							
complete.							
		/s/ Ogreita D Jones					
		Ogreita D Jones					
		Debtor					
		Dated: April 6, 202	1				

Abbott Osborn Jacobs 974 73rd Street West Des Moines, IA 50265

Ameren PO Box 790098 St. Louis, MO 63179

Christian Hospital C/O Medicredit PO Box 1629 Maryland Heights, MO 63043

Collector of Revenue 41 S. Central Saint Louis, MO 63105

Comenity P.O. Box 659705 San Antonio, TX 78265-9704

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

Kenneth Hykes C/O Alan Baker 2026 South Big Bend Saint Louis, MO 63117

Merrick Bank PO Box 9201 Old Beth Page, NY 11804

Midland Credit Management C/O Patrick Butler 974 73rd Street, Suite 20 West Des Moines, IA 50265

Missouri Department of Revenue PO Box 475 Jefferson City, MO 65105

Prestige Financial Service 35 W. Opportunity Draper, UT 84020

Rent A Center 1051 Regency Parkway Saint Charles, MO 63303 Speedy Cash PO Box 780408 Wichita, KS 67278

Sugar Pines Apartments 14211 Arbor Street Omaha, NE 68144

T-Mobile C/O Diversified Consultants PO Box 551268 Jacksonville, FL 32255

Title Loan Company 9814 W. Florissant Saint Louis, MO 63136

United States Attorney 111 South 10th Street 20th Floor Saint Louis, MO 63102